FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1		(See instruction	_	0	ffice use only
NAME OF COMMITTEE (in	iull)	(Check if name is changed)	Example: If typying, type over the lines	12FE4M5	
SONOMA COL	INTY DEMOCRAT	IC CENTRAL CO	PMMITTEE		
	11111				
ADDRESS (number and	etreet)	OX 3727			
(Check if addre	ess				
is changed)	SANT	A ROSA		Ľ <mark>¢A</mark> J	95402
COMMITTEE'S E-MAI	LADDDESS		CITY▲	STATE▲	ZIP CODE 📥
trees@sonic.n					
COMMITTEE'S WEB	PAGE ADDRESS (UF	RL)			
 					1
<u> </u>					
COMMITTEE'S FAX N 7078749363	/ D D / Y	Y Y Y			
0.8	15	2006			
3. FEC IDENTIFICA	TION NUMBER		C C00405233		
4. IS THIS STATEM	ENT NEW	(N) OR	X AMENDED (A)		
I certify that I have exami	ned this Statement and	to the best of my know	vledge and belief it is true, correct ar	nd complete	
Type or Print Name of	Treasurer M	r. Donald Richa	rd Frank		
Signature of Treasurer	Electronically Filed	by Mr. Donald	I Richard Frank	Date 08	2 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of fal		•	subject the person signing this Stat	·	of 2 U.S.C. S437g.
Office Use Only			For further information Federal Election Commis Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2003)

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5.	TYPE OF COMMITTEE (Check One)	
	(a) This committee is a principal campaign committee. (Complete the candidate information below.) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete information below.)	e the candidate
	Name of Candidate	
	Candidate Party Affiliation Office Sought: House Senate President	State District
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate L	
— 6.	(d) X This committee is a SUB (National, State (or subordinate) committee of the DEM (e) This committee is a separate segregated fund (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund committee.	(Democratic, Republican,etc.) Party. ated fund or party
ı		1
	A4-:: A	
	Mailing Address	
	CITY▲ STATE ▲	ZIP CODE
	Relationship	
	Type of Connected Organization:	
	Corporation Corporation w/o Capital Stock Labor Orga	anization
	Membership Organization Trade Association Cooperative	е

Write or Type Committee Name

SONOMA	COLINTY	DEMOCRATI	C CENTRAL	COMMITTEE

	Custodian of Records: Identify by name, address, (phone number optional), and position of the person in cossession of Committee books and records.														
Full Name	Mr. Donald R	ichard Frank													
Mailing Address		PO 479													
		Occidental		<u> </u>	95465										
Title or Position ▼		CITY A	STA	ГЕ▲	ZIP COI	DE 🛦									
			Telephone number												
Treasurer: List name and addre	the name and acess of any design	dress (phone number option ated agent (e.g., assistant trea ichard Frank	nal) of the treasurer of thasurer).	ne commi	ttee; and the										
Mailing Address		PO 479													
		Occidental		<u> </u>	95465										
Title or Position ♥		Occidental CITY A	C.		95465 ZIP COI	DE A									
	reasurer					9363									
	reasurer		STA	TE A	ZIP COI										
Full Name of Designated	reasurer		STA	TE A	ZIP COI										
Full Name of Designated Agent	reasurer		STA	707	ZIP COI	9363									

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9.	safety deposit box	Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, safety deposit boxes or maintains funds. Name of Bank, Depository, etc.															rer	nts																							
		L			_	L	L											L	L					L			L							L					⊥		
	Mailing Address						L					L						1						L															L		
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							L					L							L				L			L							Ш				- [
	CITY ⊿														STATE △ Z									P C	OD	Œ	Δ														